



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 062086	NAME OF AGENCY Franklin County Sheriff's Office	DATE OF INSPECTION 11/16/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 0834 Hours

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG017403 EXP. DATE 06/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .103

TEST 2  .102

TEST 3  .102

RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Printer Serial Number: 210843722

**INSPECTING OFFICER**

SIGNATURE  
*Dep B. Erisman #1223*

PRINT NAME  
Deputy B. Erisman #1223

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200166 05/05/2022

TELEPHONE NUMBER  
(636 ) 583-2560

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

STATE OF MISSOURI     )  
  )  
COUNTY OF FRANKLIN )     SS

**AFFIDAVIT FOR RECORDS**

*Before me, the undersigned authority personally appeared, Deputy B. Erisman #1223, and upon being duly sworn by me, deposed as follows:*

My name is Deputy B. Erisman #1223. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 062086. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of November 16, 2021. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular course of business, and it is with the regular course of business that an employee or representative to make the record or to transmit information thereof to be included in such record. The records attached hereto are the original or exact duplicates of the original. The records attached hereto represent a complete and exact duplication of any and all original records kept by the Franklin County Sheriff's Office in the regular course of business.

Deputy B. Erisman #1223  
Affiant's Name – typed or printed

Dep B. E 1223  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*  
16<sup>th</sup> day of November, 2021.

*My commission expires:* 09/14/2023

Kimberly A Moritz  
Notary Public

KIMBERLY A. MORITZ  
NOTARY PUBLIC - NOTARY SEAL  
STATE OF MISSOURI  
COMMISSIONED FOR FRANKLIN COUNTY  
MY COMMISSION EXPIRES SEP. 14, 2023  
ID #15231859

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01116

Temp Date Time <sup>g/</sup>210L

Air Blank:  
11/16/21 08:34 .000  
Calibration Check:  
19 11/16/21 08:34 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01117

Temp Date Time <sup>g/</sup>210L

Air Blank:  
11/16/21 08:36 .000  
Calibration Check:  
20 11/16/21 08:36 .102

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01118

Temp Date Time <sup>g/</sup>210L

Air Blank:  
11/16/21 08:39 .000  
Calibration Check:  
20 11/16/21 08:39 .102

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01119

Temp Date Time <sup>g/</sup>210L

VOID: RFI  
12 11/16/21 08:41

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**  
*Exclusive Supplier*  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Test Date:** 24-Jun-2020

**Lot # AG017403 Model 108cacd**

<b>Exp. Date</b> 22-Jun-2022	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Approved for Release: \_\_\_\_\_

*ISO 17025:2005 A2LA accredited. Certificate Number 3082.06*  
*ISO 17034:2016 A2LA accredited. Certificate Number 3082.07*



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT  
 TYPE II**

**BRANDON ERISMAN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/5/2020

NUMBER 200166

EXPIRES 5/5/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

MO 580-0771 (6-10)

STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator ERISMAN, BRANDON  
 Permit No 200166  
 Date Issued 5/5/2020 Date Expires 5/5/2022